

**FINANCIAL AFFIDAVIT**

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

REV. 5/88

IN UNITED STATES  
IN THE CASE OF☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable &amp; check box →)

☐ Felony  
☐ Misdemeanor

- ☐ 1 Defendant—Adult  
☐ 2 Defendant—Juvenile  
☐ 3 Appellant  
☐ 4 Probation Violator  
☐ 5 Parole Violator  
☐ 6 Habeas Petitioner  
☐ 7 2255 Petitioner  
☐ 8 Material Witness  
☐ 9 Other (Specify)

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

ASSETS	EMPLOY- MENT	Are you now employed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: <u>SEPAUTO SALES</u>	
		IF YES, how much do you earn per month? \$ <u>1800</u> IF NO, give month and year of last employment	
		How much did you earn per month \$	
OTHER INCOME		If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, how much does your Spouse earn per month? \$ <u>3000</u> If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$	
		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	
CASH	Have you any cash on hand or money in savings or checking account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>700</u>		
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, GIVE VALUE AND DESCRIBE IT		
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	
		Total No of Dependents <u>3</u>	
		List persons you actually support and your relationship to them	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME	Creditors
		Total Debt	Monthly Payt
		\$	\$ <u>1450</u>
		\$	\$
		\$	\$
		\$	\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

PAUL